



COVID-19 Vaccine BOOSTER

Attestation

Check all that apply.

PRIOR COVID VACCINATION:

- I completed 2 doses of either Moderna or Pfizer (or similar) vaccine and it has been 6 months since my 2nd dose. **If this is an additional booster, it has been greater than 5 months since prior.

-OR-

- I received the single-dose Johnson & Johnson COVID-19 vaccine and it has been 2 months or longer since my last dose.

- For the new bivalent mRNA vaccines, it is recommended that you receive this greater than 60 days after most recent vaccination. If you have questions, please discuss with provider..

MEDICAL RISK AND/OR CONDITIONS:

- Age 65 and older, OR ages 18 to 64 AT RISK of severe COVID-19
- Age 18 and older with institutional and/or work-related exposure to SARS-CoV-2 puts them at risk of serious complications of COVID-19 including severe disease
- A chronic medical condition increases complications from COVID or severe disease, such as End Stage Kidney Disease on dialysis, severe chronic liver disease, and other health conditions that did not qualify for additional immune-compromised dose
- Other Medical Condition or increased risk (explain):

I certify that the appropriate amount of time has passed since my last vaccine dose, and I meet at least one of the above criteria regarding risk. I have discussed any concerns with a medical professional, understand the risks and benefits of vaccination and wish to receive a booster dose as indicated on my registration form.

I hereby attest under the penalties of perjury that I qualify for a COVID-19 booster vaccination.

Print Name/ Signature

Date